

Client-Level Services
Measures for
Discretionary Programs

CMHS PROGRAM ONLY

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A1: RECORD MANAGEMENT

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Client ID | | | | | | | | | | | | | | | |

Contract/Grant ID | | | | | | | | | | | |

Site ID | | | | | | | | | | | |

1. Interview Type (SELECT ONLY ONE TYPE)

- ☐ Baseline
- ☐ Reassessment: Three-month follow-up (ADOLESCENT PORTFOLIO ONLY)
- ☐ Reassessment: | | | months (e.g., enter 06 for six months; enter 12 for one year)
- ☐ Discharge: Client completed services
- ☐ Discharge: Administrative (SKIP TO SECTION J)

2a. Was the interview conducted?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 3A)

2b. If an interview was conducted, when did it take place?

Interview Date | | | / | | | / | | | | |
Month Day Year

3a. Was the client screened by your program for co-occurring mental health and substance use disorders?

- ☐ Yes
- ☐ No (SKIP TO SECTION A2)

3b. If the client was screened for co-occurring disorders, did the client screen positive for co-occurring mental health and substance use disorders?

- ☐ Yes
- ☐ No (SKIP TO SECTION A2)

BASELINE INTERVIEW, CONTINUE TO SECTION A2

REASSESSMENT AND DISCHARGE INTERVIEWS, SKIP TO SECTION B

End of A1: Record Management

SECTION A2

RECORD MANAGEMENT—PLANNED SERVICES

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

What services do you plan to provide to the client during the client's course of treatment/recovery?

1. Modality
(CIRCLE AT LEAST ONE MODALITY)

- | | | |
|---|-----|----|
| a. Case management | Yes | No |
| b. Day treatment | Yes | No |
| c. Inpatient/Hospital
(Other than detox) | Yes | No |
| d. Outpatient | Yes | No |
| e. Outreach | Yes | No |
| f. Intensive outpatient | Yes | No |
| g. Medication assisted treatment
(CIRCLE ONLY ONE) | | |

For Opioid Addiction

- | | | |
|-----------------------------|-----|----|
| (1) Methadone | Yes | No |
| (2) Buprenorphine | Yes | No |
| (3) Naltrexone ® (Oral) | Yes | No |
| (4) Vivitrol ® (Injectable) | Yes | No |
| (5) Disulfiram ® | Yes | No |
| (6) Acamprosate ® | Yes | No |

For Alcohol Addiction

- | | | |
|-------------------------------------|-----|----|
| (1) Naltrexone ® (Oral) | Yes | No |
| (2) Vivitrol ® (Injectable) | Yes | No |
| (3) Disulfiram ® | Yes | No |
| (4) Acamprosate ® | Yes | No |
| h. Residential/Rehabilitation | Yes | No |
| i. Detoxification (CIRCLE ONLY ONE) | | |
| (1) Hospital inpatient | Yes | No |
| (2) Free standing residential | Yes | No |
| (3) Ambulatory detoxification | Yes | No |
| j. After care | Yes | No |
| k. Recovery support | Yes | No |
| l. Other | Yes | No |
| (SPECIFY): _____ | | |

2. Treatment Services (CIRCLE AT LEAST ONE SERVICE)

- | | | |
|---|-----|----|
| a. Screening | Yes | No |
| b. Brief intervention | Yes | No |
| c. Brief treatment | Yes | No |
| d. Referral to treatment | Yes | No |
| e. Assessment | Yes | No |
| f. Treatment/Recovery planning | Yes | No |
| g. Individual counseling | Yes | No |
| h. Group counseling | Yes | No |
| i. Family/Marriage counseling | Yes | No |
| j. Co-occurring treatment/
Recovery services | Yes | No |
| k. Psycho-Pharmacological
interventions | Yes | No |
| l. HIV/AIDS counseling | Yes | No |
| m. Mental health services | Yes | No |
| n. Other clinical services | Yes | No |
| (SPECIFY): _____ | | |

3. Medical Services
(CIRCLE AT LEAST ONE SERVICE)

- | | | |
|--|-----|----|
| a. Medical care | Yes | No |
| b. Alcohol/drug testing | Yes | No |
| c. HIV/AIDS medical support &
testing | Yes | No |
| d. Other medical services | Yes | No |
| (SPECIFY): _____ | | |

SECTION A2

RECORD MANAGEMENT—PLANNED SERVICES (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

4. Case Management Services

(CIRCLE AT LEAST ONE SERVICE)

- | | | |
|--|-----|----|
| a. Family services (Including marriage education, parenting, child development services) | Yes | No |
| b. Child care | Yes | No |
| c. Employment service | | |
| (1) Pre-employment | Yes | No |
| (2) Employment coaching | Yes | No |
| d. Individual services coordination | Yes | No |
| e. Transportation | Yes | No |
| f. HIV/AIDS service | Yes | No |
| g. Supportive transitional drug-free housing services | Yes | No |
| h. Care coordination | Yes | No |
| i. Other case management services | Yes | No |
| (SPECIFY): _____ | | |

5. After Care Services

(CIRCLE AT LEAST ONE SERVICE)

- | | | |
|---------------------------------|-----|----|
| a. Continuing care | Yes | No |
| b. Relapse prevention | Yes | No |
| c. Recovery coaching | Yes | No |
| d. Self-help and support groups | Yes | No |
| e. Spiritual support | Yes | No |
| f. Other after care services | Yes | No |
| (SPECIFY): _____ | | |

6. Education Services

(CIRCLE AT LEAST ONE SERVICE)

- | | | |
|------------------------------|-----|----|
| a. Substance abuse education | Yes | No |
| b. HIV/AIDS education | Yes | No |
| c. Other education services | Yes | No |
| (SPECIFY): _____ | | |

7. Peer-To-Peer Recovery Support Services

(CIRCLE AT LEAST ONE SERVICE)

- | | | |
|---|-----|----|
| a. Peer coaching or mentoring | Yes | No |
| b. Housing support | Yes | No |
| c. Alcohol-and drug-free social activities | Yes | No |
| d. Information and referral | Yes | No |
| e. Other peer-to-peer recovery support services | Yes | No |
| (SPECIFY): _____ | | |

CONTINUE TO SECTION A3

End of Section A2: Record Management—Planned Services

SECTION A3 DEMOGRAPHICS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

- 1. What is your date of birth?** (MONTH AND YEAR MUST BE ENTERED. DAY IS OPTIONAL)

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

- ☐ DECLINED
☐ DON'T KNOW / INFORMATION NOT AVAILABLE

- 2. Are you Hispanic, Latino/a, or Spanish origin?** (ONE OR MORE CATEGORIES MAY BE SELECTED)

- ☐ Yes, Central American
☐ Yes, Cuban
☐ Yes, Dominican
☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican
☐ Yes, South American
☐ Yes, another Hispanic, Latino, or Spanish origin (SPECIFY): _____
☐ No, not of Hispanic, Latino/a, or Spanish origin
☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

- 3. What is your race?** (ONE OR MORE CATEGORIES MAY BE SELECTED)

- | | |
|---|---|
| <input type="radio"/> White | <input type="radio"/> Asian Indian |
| <input type="radio"/> Black or African American | <input type="radio"/> Chinese |
| <input type="radio"/> American Indian | <input type="radio"/> Filipino |
| <input type="radio"/> Alaska Native | <input type="radio"/> Japanese |
| | <input type="radio"/> Korean |
| <input type="radio"/> Native Hawaiian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Other Asian |
| <input type="radio"/> Samoan | |
| <input type="radio"/> Other Pacific Islander | <input type="radio"/> DECLINED |
| | <input type="radio"/> DON'T KNOW/ INFORMATION NOT AVAILABLE |

- 4a. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) Do you speak a language other than English at home?**

- ☐ Yes
☐ No (SKIP TO QUESTION 5)
☐ DECLINED (SKIP TO QUESTION 5)
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 5)

SECTION A3
DEMOGRAPHICS (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

4b. If you speak a language other than English at home, what language do you speak?

- ☐ Spanish
- ☐ Other (SPECIFY): _____
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) What is your gender?

- ☐ Male
- ☐ Female
- ☐ Different identity (SPECIFY): _____
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) Which one of the following do you consider yourself to be?

- ☐ Straight
- ☐ Lesbian (IF FEMALE) or Gay (IF MALE)
- ☐ Bisexual
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

7. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) In the past 12 months, who have you had sex with?

- ☐ Men only
- ☐ Women only
- ☐ Both men and women
- ☐ I have not had sex in the past 12 months
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE
- ☐ NOT PERMITTED TO ASK

8. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) Which statement best describes your feelings?

[IF MALE]

- ☐ I am only attracted to females
- ☐ I am mostly attracted to females
- ☐ I am equally attracted to females and males
- ☐ I am mostly attracted to males
- ☐ I am only attracted to males

[IF FEMALE]

- ☐ I am only attracted to males
- ☐ I am mostly attracted to males
- ☐ I am equally attracted to males and females
- ☐ I am mostly attracted to females
- ☐ I am only attracted to females

- ☐ I am not sure
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

- ☐ I am not sure
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

DISABILITY MEASURES

9. Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

10. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

11. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

12. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

13. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION A4

End of Section A3: Demographics

SECTION A4
MILITARY FAMILY AND DEPLOYMENT

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

QUESTIONS 1A-1E SHOULD ONLY BE ANSWERED IF CLIENT IS 17 YEARS OF AGE OR OLDER. IF CLIENT IS NOT 17 YEARS OF AGE OR OLDER, SKIP TO QUESTION 2A

1a. Have you ever served on active, reserve, or National Guard duty?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 2A)
- ☐ DECLINED (SKIP TO QUESTION 2A)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2A)

1b. If you ever served on active, reserve, or National Guard duty, in what branch of the military/uniformed services did you serve?

- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Air Force
- ☐ Coast Guard
- ☐ PHS
- ☐ NOAA
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

1c. If you ever served on active, reserve, or National Guard duty, in which component did you serve?

- ☐ Active
- ☐ Reserve
- ☐ National Guard
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

1d. If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?

- ☐ On active duty
- ☐ Separated
- ☐ Retired
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION A4
MILITARY FAMILY AND DEPLOYMENT (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

1e. If you ever served on active, reserve, or National Guard duty, have you ever been deployed to a combat zone? (SELECT ALL THAT APPLY)

- ☐ No, never deployed to a combat zone
 - ☐ Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)
 - ☐ Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
 - ☐ Yes, Vietnam/Southeast Asia
 - ☐ Yes, Korea
 - ☐ Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
 - ☐ Yes, World War II
 - ☐ Yes, other (SPECIFY COMBAT ZONE): _____
 - ☐ DECLINED
 - ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE
-

For the following questions, immediate family includes your spouse or partner, and your parents, children, brothers and sisters, whether they are biological, step, or adoptive. Please include these family members whether or not they live with you.

2a. Is anyone in your immediate family currently serving as a member of one the branches of the United States uniformed services on active duty, reserve components or National Guard?

- ☐ Yes
- ☐ No (SKIP TO SECTION B)
- ☐ DECLINED (SKIP TO SECTION B)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO SECTION B)

2b. If anyone in your immediate family is currently serving in the uniformed services, which member(s) are currently serving? (SELECT UP TO SIX PEOPLE)

- ☐ My spouse
- ☐ Unmarried partner
- ☐ My mother
- ☐ My father
- ☐ My son or sons
- ☐ My daughter or daughters
- ☐ My brother or brothers
- ☐ My sister or sisters
- ☐ Another member of my immediate family (SPECIFY RELATIONSHIP): _____
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION B

End of Section A4: MILITARY FAMILY AND DEPLOYMENT

SECTION B
DRUG AND ALCOHOL USE

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1. In the past 30 days, how many days have you used alcoholic beverages?

|_|_|_| DAYS (IF ZERO, SKIP TO QUESTION 3)

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. (IF MALE)

In the past 30 days, how many days have you used alcohol to intoxication? (DEFINE INTOXICATION AS FOUR OR MORE DRINKS IN A DAY) (VALUE IN QUESTION 2 MUST BE EQUAL TO OR LESS THAN VALUE IN QUESTION 1)

|_|_|_| DAYS

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

(IF FEMALE)

In the past 30 days, how many days have you used alcohol to intoxication? (DEFINE INTOXICATION AS THREE OR MORE DRINKS IN A DAY) (VALUE IN QUESTION 2 MUST BE EQUAL TO OR LESS THAN VALUE IN QUESTION 1)

|_|_|_| DAYS

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

3. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

4. In the past 30 days, how many days did you use any illegal drugs including prescription drugs that were taken for reasons or in doses other than prescribed?

|_|_|_| DAYS (IF ZERO, SKIP TO QUESTION 5I)

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION B
DRUG AND ALCOHOL USE (CONT.)

5. The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed.

- IF THE VALUE IN ANY QUESTION 5A THROUGH 5H IS MORE THAN ZERO, THEN THE VALUE IN QUESTION 4 SHOULD BE MORE THAN ZERO.
- "ROUTE" REFERS TO ROUTE OF ADMINISTRATION. NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE FROM THE FOLLOWING OPTIONS: (1) ORAL, (2) NASAL, (3) SMOKING, (4) NON-IV INJECTION, (5) IV

In the past 30 days, how many days have you used—

5a. Cocaine (coke, crack, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5b. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5c. Methamphetamine (speed, crystal meth, ice, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5d. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5e. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5f. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5g. Street opioids (heroin, opium, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5h. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION B
DRUG AND ALCOHOL USE (CONT.)

- IF THE VALUE IN ANY QUESTION 5A THROUGH 5H IS MORE THAN ZERO, THEN THE VALUE IN QUESTION 4 SHOULD BE MORE THAN ZERO.
- "ROUTE" REFERS TO ROUTE OF ADMINISTRATION. NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE FROM THE FOLLOWING OPTIONS: (1) ORAL, (2) NASAL, (3) SMOKING, (4) NON-IV INJECTION, (5) IV

5i. Cannabis (marijuana, pot, grass, hash, etc.)? |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5j. Other? (SPECIFY): _____ |_|_| days
☐ DECLINED |_|_| route
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

- 6. The following five questions (6a-6e) relate to your experience with tobacco or tobacco related products.**

In the past 30 days, how many days have you used—

6a. Cigarettes? |_|_| DAYS
☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6b. Chewing tobacco? |_|_| DAYS
☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6c. Cigars? |_|_| DAYS
☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6d. Electronic Cigarettes (e-cigarettes)? |_|_| DAYS
☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6e. Other tobacco related products? |_|_| DAYS
☐ DECLINED (SPECIFY): _____
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION C

End of Section B: Drug and Alcohol Use

SECTION C

FAMILY AND HOUSING

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1. (DO NOT READ RESPONSE OPTIONS TO CLIENT) In the past 30 days, where have you been living most of the time?

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel
- ☐ Staying or living with family/friends (e.g., room, apartment or house)
- ☐ Transition Housing
- ☐ Substance abuse treatment facility or detox center
- ☐ Residential treatment (substance abuse or mental health)
- ☐ Therapeutic community or halfway house
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Long-term care facility or nursing home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Permanent supportive housing
- ☐ Foster care home or foster care group home
- ☐ Jail, prison, or juvenile detention facility
- ☐ House rented by client
- ☐ House owned by client
- ☐ Other (SPECIFY): _____
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. In the past 30 days, how many nights have you been homeless?

|_|_|_| nights

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION D

End of Section C: Family and Housing

SECTION D
EDUCATION, EMPLOYMENT, AND INCOME

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1a. Are you currently enrolled in a school or job training program? (IF INCARCERATED, SELECT “NO/NOT ENROLLED”)

- ☐ No/Not enrolled (SKIP TO QUESTION 2)
- ☐ Enrolled, full time
- ☐ Enrolled, part time
- ☐ Other (SPECIFY): _____
- ☐ DECLINED (SKIP TO QUESTION 2)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2)

1b. If you are currently enrolled in school or job training program, during the past 30 days, how many days were unexcused absences?

- ☐ 0 days
- ☐ 1days
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 10 days
- ☐ More than 10 days
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. What is the highest level of education you have finished (whether or not you received a degree)?

- ☐ PRESCHOOL
 - ☐ KINDERGARTEn
 - ☐ 1ST GRADE
 - ☐ 2ND GRADE
 - ☐ 3RD GRADE
 - ☐ 4TH GRADE
 - ☐ 5TH GRADE
 - ☐ 6TH GRADE
 - ☐ 7TH GRADE
 - ☐ 8TH GRADE
 - ☐ 9TH GRADE
 - ☐ 10TH GRADE
 - ☐ 11TH GRADE
 - ☐ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
 - ☐ SOME COLLEGE OR UNIVERSITY
 - ☐ BACHELOR'S DEGREE (BA, BS) OR HIGHER
 - ☐ VOCATIONAL/TECHNICAL DIPLOMA AFTER HIGH SCHOOL
 - ☐ I NEVER ATTENDED SCHOOL OR A JOB TRAINING PROGRAM
 - ☐ DECLINED
 - ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE
-

SECTION D
EDUCATION, EMPLOYMENT, AND INCOME (CONT.)

3. Are you currently employed (IF INCARCERATED, SELECT UNEMPLOYED, NOT LOOKING FOR WORK)

- IF CLIENT IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E.
- CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.
- IF CLIENT IS ENROLLED, FULL TIME IN QUESTION 1 AND INDICATED EMPLOYED, FULL TIME IN QUESTION 3, ASK FOR CLARIFICATION.
- IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE QUESTION 3 AS UNEMPLOYED, NOT LOOKING FOR WORK.

- ☐ Employed full time (35+ hours per week, or would have been)
- ☐ Employed part time
- ☐ Unemployed, looking for work - unemployed, disabled (SKIP TO SECTION E)
- ☐ Unemployed, volunteer work (SKIP TO SECTION E)
- ☐ Unemployed, retired (SKIP TO SECTION E)
- ☐ Unemployed, not looking for work (SKIP TO SECTION E)
- ☐ Other (SPECIFY): _____
- ☐ DECLINED (SKIP TO SECTION E)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO SECTION E)

4. Are you paid at or above the minimum wage?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5. Are your wages paid directly to you by your employer?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

6. Could anyone have applied for your job?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION E

End of Section D: Education, Employment, and Income

SECTION E
CRIME AND CRIMINAL JUSTICE STATUS

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1a. In the past 30 days, how many times have you been arrested?

|_|_| times (IF ZERO, SKIP TO QUESTION 2)

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

1b. Out of the times you have been arrested in the past 30 days, how many times have you been arrested for drug-related offenses? (VALUE IN 1B CANNOT EXCEED VALUE IN QUESTION 1A)

|_|_| times

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. Are you currently awaiting charges, trial, or sentencing?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

3. Are you currently on parole or probation?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F1

End of Section E: Crime and Criminal Justice Status

SECTION F1
MENTAL AND PHYSICAL HEALTH

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1. How would you rate your overall health right now?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Poor
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following 12 statements (2a-2l).

2a. I do well in school and/or work.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2b. I am getting along with my family members.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE / Not applicable

2c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I deal effectively with daily problems.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F1
MENTAL AND PHYSICAL HEALTH (CONT.)

2d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am able to control my life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2e. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am able to deal with crisis.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2f. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I do well in social situations.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2g. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My housing situation is satisfactory.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F1
MENTAL AND PHYSICAL HEALTH (CONT.)

2h. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My symptoms are not bothering me.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2i. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am handling daily life.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2j. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I get along with friends and other people.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2k. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am able to cope when things go wrong.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F1
MENTAL AND PHYSICAL HEALTH (CONT.)

21. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I am satisfied with our family life right now.

- ☐ Strongly agree
 - ☐ Agree
 - ☐ Undecided
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ DECLINED
 - ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE
-

THE FOLLOWING THREE QUESTIONS (3-5) ARE ONLY FOR CLIENTS 10 YEARS OF AGE AND OLDER

3. (ONLY ASK AT BASELINE) Have you ever tried to kill yourself?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

4. (ASK AT REASSESSMENT AND DISCHARGE) At any time in the past 6 months (including today), did you seriously think about trying to kill yourself?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5. (ASK AT REASSESSMENT AND DISCHARGE) During the past 6 months (including today), did you try to kill yourself?

- ☐ Yes
 - ☐ No
 - ☐ DECLINED
 - ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE
-

6. In the past 30 days, how many nights have you spent in a hospital for mental health care?

|_|_| nights

- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F1
MENTAL AND PHYSICAL HEALTH (CONT.)

7. In the past 30 days, how many nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?

|_|_| nights

- ☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

8. In the past 30 days, how many times have you gone to an emergency room for a psychiatric or emotional problem?

|_|_| times

- ☐ DECLINED
☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

9. The following six questions (9a-9f) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

QUESTIONS	RESPONSE OPTIONS						
During the <u>past 30 days</u> , about how often did you feel—	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	DECLINED	Don't know/ Info not Available
9a. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9b. Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9c. Restless or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9d. So depressed that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9e. That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9f. Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION F1
MENTAL AND PHYSICAL HEALTH (CONT.)

10a. Have you been tested for Hepatitis B?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 11A)
- ☐ DECLINED (SKIP TO QUESTION 11A)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 11A)

10b. If you have been tested for Hepatitis B, what was the result?

- ☐ Negative/Non-Reactive
- ☐ Positive/Reactive
- ☐ Invalid/Indeterminate
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

11a. Have you been tested for Hepatitis C?

- ☐ Yes
- ☐ No (SKIP TO SECTION F2)
- ☐ DECLINED (SKIP TO SECTION F2)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO SECTION F2)

11b. If you have been tested for Hepatitis C, what was the result?

- ☐ Negative/Non-Reactive
- ☐ Positive/Reactive
 - If Positive/Reactive, did you receive a confirmatory test?**
 - ☐ Yes
 - ☐ No
- ☐ Invalid/Indeterminate
- ☐ DECLINED
- ☐ DON'T KNOW/INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F2

End of Section F1: Mental and Physical Health

SECTION F2

RECOVERY, SELF-HELP, AND PEER-SUPPORT

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

1. **In the past 30 days, have you attended any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?**

In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.

- ☐ Yes. SPECIFY NUMBER OF TIMES: |___|___|
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. **In the past 30 days have you attended any religious/faith affiliated recovery self-help groups?**

- ☐ Yes. SPECIFY NUMBER OF TIMES: |___|___|
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

3. **In the past 30 days, have you attended meetings of organizations that support recovery other than religious/faith and non-religious faith self-help groups?**

- ☐ Yes. SPECIFY NUMBER OF TIMES: |___|___|
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

4. **In the past 30 days, have you had interaction with family and/or friends that are supportive of your recovery?**

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

5. **In the past 30 days, I generally accomplished what I set out to do.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F2

RECOVERY, SELF-HELP, AND PEER-SUPPORT (CONT.)

6. I feel capable of managing my health care needs.

- ☐ On my own most of the time
- ☐ With support from others most of the time
- ☐ On my own
- ☐ Some of the time and with support from others
- ☐ Some of the time
- ☐ Rarely or never
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

7. I have family or friends that are supportive of my recovery.

- ☐ Strongly agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly disagree
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION F3

End of Section F2: Recovery, Self-Help, and Peer-Support

SECTION F3 VIOLENCE AND TRAUMA

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

THE FOLLOWING THREE QUESTIONS (1A-1C) TO BE COMPLETED AT BASELINE ONLY

1a. In your life have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

- ☐ Yes
- ☐ No (SKIP TO QUESTION 2)
- ☐ DECLINED (SKIP TO QUESTION 2)
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE (SKIP TO QUESTION 2)

1b. If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this? (SELECT ALL THAT APPLY)

- ☐ Natural or man-made disaster
- ☐ Community or school violence
- ☐ Interpersonal violence (including physical, sexual or psychological)
- ☐ Military trauma
- ☐ Other (SPECIFY): _____
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

1c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or the present that you:

(1) Have had nightmares about them or thought about them when you did not want to?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

(2) Tried hard not to think about them or went out of your way to avoid situations that remind you of them?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

(3) Were constantly on guard, watchful, or easily startled?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

SECTION F3
VIOLENCE AND TRAUMA (CONT.)

(4) Felt numb and detached from others, activities, or your surroundings?

- ☐ Yes
- ☐ No
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

2. In the past 30 days, how often have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

- ☐ Never
- ☐ A few times
- ☐ More than a few times
- ☐ DECLINED
- ☐ DON'T KNOW/ INFORMATION NOT AVAILABLE

CONTINUE TO SECTION G

End of Section F3: Violence and Trauma

SECTION G

SOCIAL CONNECTEDNESS

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

- 1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.**

QUESTIONS	RESPONSE OPTIONS						
Over the past 30 days—	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	DECLINED	Don't know/ Info not Available
1a. I had people with whom I did enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am happy with the friendships I had.							
1d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I knew people who would listen and understand me when I needed to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I had people that I was comfortable talking with about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE TO SECTION H

End of Section G: Social Connectedness

SECTION H
PROGRAM SPECIFIC QUESTIONS

SOME PROGRAMS HAVE PROGRAM SPECIFIC DATA. YOU WILL BE INFORMED IF YOU ARE REQUIRED TO COMPLETE SECTION H, AND YOU WILL HAVE A SEPARATE SECTION H FORM.

STOP HERE FOR BASELINE INTERVIEW

CONTINUE TO SECTION I FOR REASSESSMENT

SKIP TO SECTION J FOR DISCHARGE

End of Section H: Program Specific Questions

SECTION I REASSESSMENT STATUS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

1. Have you or other grant staff had contact with the client within 90 days of the last encounter?

- ☐ Yes
- ☐ No

2. Is the client still receiving services from your program?

- ☐ Yes
 - ☐ No
-

3a. Did the program test the client for Viral Hepatitis?

- ☐ Yes
- ☐ No (SKIP TO SECTION K)

3b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)

Hepatitis B ☐ Yes ☐ No
Hepatitis C ☐ Yes ☐ No

3c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)

Hepatitis C
☐ Negative/Non-reactive
☐ Positive/Reactive
☐ Invalid/Indeterminate
☐ Not Applicable

4a. Did the program conduct a Confirmatory Hepatitis Test?

- ☐ Yes
- ☐ No (SKIP TO SECTION K)

4b. If the program conducted a Confirmatory Hepatitis Test, did the client receive the results? (CHECK ALL THAT APPLY)

Hepatitis B ☐ Yes ☐ No
Hepatitis C ☐ Yes ☐ No

SECTION I
REASSESSMENT STATUS (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

4c. If the client received the Confirmatory Hepatitis test results, what were the results?

	Negative/Non-reactive	Positive/Reactive	Invalid/Indeterminate	Not Applicable
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SKIP TO SECTION K

End of Section I: Reassessment Status

SECTION J

DISCHARGE STATUS

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

1. On what date was the client discharged?

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

2. On what date did the client last receive services?

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

3. What is the client's discharge status?

- ☐ Mutually agreed cessation of treatment
 - ☐ Withdrew from/declined treatment
 - ☐ No contact within 90 days of last encounter
 - ☐ Incarcerated (NEWLY OR RE-INCARCERATED)
 - ☐ Clinically referred out
 - ☐ Death
 - ☐ Other (SPECIFY): _____
-

4a. Did the program test the client for Viral Hepatitis?

- ☐ Yes
- ☐ No (SKIP TO SECTION K)

4b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)

Hepatitis B ☐ Yes ☐ No
Hepatitis C ☐ Yes ☐ No

4c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)

Hepatitis C
☐ Negative/Non-reactive
☐ Positive/Reactive
☐ Invalid/Indeterminate
☐ Not Applicable

5a. Did the program conduct a Confirmatory Hepatitis test?

- ☐ Yes
- ☐ No (SKIP TO SECTION K)

SECTION J
DISCHARGE STATUS (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

5b. If the program conducted a Confirmatory Hepatitis test, did the client receive the results?
(CHECK ALL THAT APPLY)

Hepatitis B ☐ Yes ☐ No
Hepatitis C ☐ Yes ☐ No

5c. If the client received the Confirmatory Hepatitis test results, what were the results?

	Negative/Non-reactive	Positive/Reactive	Invalid/Indeterminate	Not Applicable
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUE TO SECTION K

[End of Section J: Discharge Status](#)

IDENTIFY THE NUMBER OF DAYS OF SERVICES OR SESSIONS PROVIDED TO THE CLIENT DURING THE CLIENT'S COURSE OF TREATMENT/RECOVERY. (ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY)

1. Modality	Days	2. Treatment Services	Sessions
a. Case Management	<input type="text"/> <input type="text"/> <input type="text"/>	a. Screening	<input type="text"/> <input type="text"/> <input type="text"/>
b. Day Treatment	<input type="text"/> <input type="text"/> <input type="text"/>	b. Brief Intervention	<input type="text"/> <input type="text"/> <input type="text"/>
c. Inpatient/Hospital (Other Than Detox)	<input type="text"/> <input type="text"/> <input type="text"/>	c. Brief Treatment	<input type="text"/> <input type="text"/> <input type="text"/>
d. Outpatient	<input type="text"/> <input type="text"/> <input type="text"/>	d. Referral to Treatment	<input type="text"/> <input type="text"/> <input type="text"/>
e. Outreach	<input type="text"/> <input type="text"/> <input type="text"/>	e. Assessment	<input type="text"/> <input type="text"/> <input type="text"/>
f. Intensive Outpatient	<input type="text"/> <input type="text"/> <input type="text"/>	f. Treatment/Recovery Planning	<input type="text"/> <input type="text"/> <input type="text"/>
g. Medication Assisted Treatment		g. Individual Counseling	<input type="text"/> <input type="text"/> <input type="text"/>
For Opioid Addiction		h. Group Counseling	<input type="text"/> <input type="text"/> <input type="text"/>
(1) Methadone	<input type="text"/> <input type="text"/> <input type="text"/>	i. Family/Marriage Counseling	<input type="text"/> <input type="text"/> <input type="text"/>
(2) Buprenorphine	<input type="text"/> <input type="text"/> <input type="text"/>	j. Co-Occurring Treatment/Recovery Services	<input type="text"/> <input type="text"/> <input type="text"/>
(3) Naltrexone ® (Oral)	<input type="text"/> <input type="text"/> <input type="text"/>	k. Psycho-Pharmacological Interventions	<input type="text"/> <input type="text"/> <input type="text"/>
(4) Vivitrol ® (Injectable)	<input type="text"/> <input type="text"/> <input type="text"/>	l. HIV/AIDS Counseling	<input type="text"/> <input type="text"/> <input type="text"/>
(5) Disulfiram ®	<input type="text"/> <input type="text"/> <input type="text"/>	m. Mental health services	<input type="text"/> <input type="text"/> <input type="text"/>
(6) Acamprosate ®	<input type="text"/> <input type="text"/> <input type="text"/>	n. Other (SPECIFY): _____	<input type="text"/> <input type="text"/> <input type="text"/>
For Alcohol Addiction		3. Medical Services	
(1) Naltrexone ® (Oral)	<input type="text"/> <input type="text"/> <input type="text"/>	a. Medical Care	<input type="text"/> <input type="text"/> <input type="text"/>
(2) Vivitrol ® (Injectable)	<input type="text"/> <input type="text"/> <input type="text"/>	b. Alcohol/Drug Testing	<input type="text"/> <input type="text"/> <input type="text"/>
(3) Disulfiram ®	<input type="text"/> <input type="text"/> <input type="text"/>	c. HIV/AIDS Medical Support & Testing	<input type="text"/> <input type="text"/> <input type="text"/>
(4) Acamprosate ®	<input type="text"/> <input type="text"/> <input type="text"/>	d. Other (SPECIFY): _____	<input type="text"/> <input type="text"/> <input type="text"/>
h. Residential/Rehabilitation	<input type="text"/> <input type="text"/> <input type="text"/>		
i. Detoxification (SELECT ONLY ONE):			
(1) Hospital Inpatient	<input type="text"/> <input type="text"/> <input type="text"/>		
(2) Free Standing Residential	<input type="text"/> <input type="text"/> <input type="text"/>		
(3) Ambulatory Detoxification	<input type="text"/> <input type="text"/> <input type="text"/>		
j. After Care	<input type="text"/> <input type="text"/> <input type="text"/>		
k. Recovery Support	<input type="text"/> <input type="text"/> <input type="text"/>		
l. Other (SPECIFY): _____	<input type="text"/> <input type="text"/> <input type="text"/>		

SECTION K
SERVICES RECEIVED (CONT.)

THIS SECTION TO BE COMPLETED BY STAFF ONLY

IDENTIFY THE NUMBER OF DAYS OF SERVICES OR SESSIONS PROVIDED TO THE CLIENT DURING THE CLIENT'S COURSE OF TREATMENT/RECOVERY. (ENTER ZERO IF NO SERVICES PROVIDED)

4. Case Management Services

Sessions

- | | |
|--|--|
| a. Family Services (Including Marriage Education, Parenting, Child Development Services) | <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Child Care | <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Employment Service | |
| (1) Pre-Employment | <input type="text"/> <input type="text"/> <input type="text"/> |
| (2) Employment Coaching | <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Individual Services Coordination | <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Transportation | <input type="text"/> <input type="text"/> <input type="text"/> |
| f. HIV/AIDS Service | <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Supportive Transitional Drug-Free Housing Services | <input type="text"/> <input type="text"/> <input type="text"/> |
| h. Care coordination | <input type="text"/> <input type="text"/> <input type="text"/> |
| i. Other | |
| (SPECIFY): _____ | <input type="text"/> <input type="text"/> <input type="text"/> |

5. After Care Services

- | | |
|---------------------------------|--|
| a. Continuing Care | <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Relapse Prevention | <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Recovery Coaching | <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Self-Help and Support Groups | <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Spiritual Support | <input type="text"/> <input type="text"/> <input type="text"/> |
| f. Other After Care Services | <input type="text"/> <input type="text"/> <input type="text"/> |
| g. Other | |
| (SPECIFY): _____ | <input type="text"/> <input type="text"/> <input type="text"/> |

6. Education Services

Sessions

- | | |
|------------------------------|--|
| a. Substance Abuse Education | <input type="text"/> <input type="text"/> <input type="text"/> |
| b. HIV/AIDS Education | <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Other | |
| (SPECIFY): _____ | <input type="text"/> <input type="text"/> <input type="text"/> |

7. Peer-to-Peer Recovery Support Services

- | | |
|---|--|
| a. Peer Coaching or Mentoring | <input type="text"/> <input type="text"/> <input type="text"/> |
| b. Housing Support | <input type="text"/> <input type="text"/> <input type="text"/> |
| c. Alcohol- and Drug-Free Social Activities | <input type="text"/> <input type="text"/> <input type="text"/> |
| d. Information and Referral | <input type="text"/> <input type="text"/> <input type="text"/> |
| e. Other | |
| (SPECIFY): _____ | <input type="text"/> <input type="text"/> <input type="text"/> |

END OF INSTRUMENT

End of Section K: Services Received
